

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # N96000004805****1. Entity Name**
VALLEY VISTA PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business 3174 VALLEY VISTA CIRCLE LAKELAND FL 33813	Mailing Address 3174 VALLEY VISTA CIRCLE LAKELAND FL 33813
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2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3403463Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**ALLEN & BAILEY, P.A.
170 NORTH FLORIDA AVENUEBARTOW FL
338303947 US

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.**SIGNATURE** **04/30/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**
FEE IS \$61.25**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees****Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE DV NAME WESTCOTT TERRY STREET ADDRESS 3103 VALLEY VISTA CIRCLE CITY-ST-ZIP LAKELAND FL 33813	<input type="checkbox"/> Delete
TITLE DS NAME MAILHOT CRAIG STREET ADDRESS 3183 VALLEY VISTA CIRCLE CITY-ST-ZIP LAKELAND FL 33813	<input type="checkbox"/> Delete
TITLE DT NAME STRICKLAND MIKE STREET ADDRESS 3179 VALLEY VISTA CIRCLE CITY-ST-ZIP LAKELAND FL 33813	<input type="checkbox"/> Delete
TITLE DP NAME BAILEY A. WILLIAM III STREET ADDRESS 3174 VALLEY VISTA CIRCLE CITY-ST-ZIP LAKELAND FL 33813	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**SIGNATURE:** A. William Bailey III P 04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)